Amendments to the Claims:

This listing of claims will replace all prior versions, and listings, of claims in the application.

These amendments introduce no new matter and support for the amendment is replete throughout the specification and claims as originally filed. These amendments are made without prejudice and are not to be construed as abandonment of the previously claimed subject matter, or agreement with any objection or rejection of record.

Listing of Claims:

Claims 1-25 (Cancelled)

26. (New) A hybridoma cell line which produces an anti-inositol phosphoglycan (IPG) monoclonal antibody, wherein the cell line is selected from the group of hybridoma cell lines consisting of 2F7, 2D1 and 5H6 deposited at European Collection of Cell Cultures (ECACC) under accession numbers 98051201, 98031212 and 98030901.

27. (New) An anti-IPG monoclonal antibody from a hybridoma cell line of claim 26.

28. (New) An anti-IPG monoclonal antibody which is capable of binding to an epitope of an IPG, which epitope is bound by a monoclonal antibody of claim 27.

29. (New) The anti-IPG antibody of claim 28 wherein the antibody is capable of binding an epitope present in A-type IPG having a structure identical to an A-type IPG obtained from rat liver and P-type IPG having a structure identical to a P-type IPG obtained from human placenta.

30. (New) The anti-IPG monoclonal antibody of claim 27, wherein the antibody does not substantially bind a common reactive determinant (CRD) of GPI anchored proteins.

31. (New) The anti-IPG antibody of claim 27, wherein the antibody neutralises an IPG biological activity.

32. (New) A composition comprising the anti-IPG monoclonal antibody of claim 27.

33. (New) A method of producing an anti-IPG antibody comprising culturing a hybridoma cell line of claim 26 and isolating the antibody thus produced.

34. (New) A method of determining whether a patient is at risk of developing type I diabetes, the method comprising:

(a) contacting a biological sample from the patient with an antibody capable of specifically binding inositol phosphoglycans (IPGs) present in the sample; and,

(b) determining the binding of IPGs present in the sample to the anti-IPG antibody;

(c) comparing the binding of the IPGs determined in step (b) to control binding to determine whether the patient is at risk of developing type I diabetes.

35. (New) The method of claim 34 which further comprises an initial step of providing the patient with a carbohydrate load and determining the IPGs present in the sample following the carbohydrate load over time to obtain an IPG profile.

36. (New) The method of claim 35, wherein the IPG profile determined from the patient sample is compared with profiles obtained from normal subjects and patients having type I diabetes to determine whether the patient is at risk of developing type I diabetes.

37. (New) The method of claim 34 which further comprises administering insulin and/or IPGs to a patient determined to have or be at risk of developing type I diabetes.

38. (New) The method of claim 34, wherein the anti-IPG antibody is immobilised on a solid support.

39. (New) A method of purifying inositol phosphoglycans from a sample comprising IPGs, the method comprising:

(a) contacting the monoclonal antibody of any one of claims 27 to 29 with the sample comprising IPGs so that the monoclonal antibody binds to the IPGs present in the sample; and,

(b) separating the monoclonal antibody and the bound IPG from other sample components.

40. (New) A method of producing anti-IPG antibodies, the method comprising immunising an animal with one or more soluble IPGs or a lipid conjugate thereof to elicit an antibody response, wherein the IPGs are not conjugated to an immunogenic carrier.

41. (New) The method of claim 40 wherein the animal is immunised via an intraperitoneal route using said one or more soluble IPGs.

42. (New) A method of determining whether a patient has or is at risk of developing pre-eclampsia, the method comprising:

(a) contacting a biological sample from the patient with an antibody of any one claims 27 to29, wherein the antibody is capable of specifically binding P-type inositol phosphoglycans (IPGs) present in the sample; and,

(b) determining the binding of IPGs present in the sample to the anti-IPG antibody; and,

(c) comparing the binding of the IPGs determined in step (b) to control binding to determine whether the patient is at risk of developing pre-eclampsia.

43. (New) A method of producing a labelled reagent capable of binding to inositol phosphoglycans (IPGs), the method comprising conjugating the antibody of any one of claims 27 to 29 to a label or reporter molecule, wherein the label or reporter molecule is capable of directly or indirectly generating a detectable signal.

44. (New) The method of claim 43, wherein label is selected from the group consisting of a fluorescent label, a radioactive label or an enzyme label.

45. (New) A solid support comprising an antibody of any one of claims 27 to 29 immobilized thereon.

46. (New) A composition comprising the anti-IPG monoclonal antibody of claim 28.

47. (New) A composition comprising the anti-IPG monoclonal antibody of claim 29.

48. (New) A labelled reagent capable of binding to inositol phosphoglycans (IPGs) comprising the antibody of any one of claims 27 to 29 conjugated to a label or reporter molecule, wherein the label or reporter molecule is capable of directly or indirectly generating a detectable signal.